

**Directions:** *Form I must be completed and submitted to the Office of Personnel at the time of Course enrollment. Form II must be submitted with final grade(s). Proof of Payment must be submitted before reimbursement is authorized.*

**ADMINISTRATORS**

**FORM I**

**PRE-APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

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OFFICIAL COURSE TITLE AND CATALOG NUMBER \_\_\_\_\_

Number of Credits \_\_\_\_\_

Institution \_\_\_\_\_

Semester and Year: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

Expected Date of Course Completion \_\_\_\_\_

Cost of Tuition: \_\_\_\_\_

This course is part of a program leading to an advanced degree in Education:

Yes  No

\_\_\_\_\_  
Signature of Applicant

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FOR OFFICE USE ONLY

Date Received \_\_\_\_\_

Application Number \_\_\_\_\_

Approval by \_\_\_\_\_

Superintendent

Date of Approval: \_\_\_\_\_

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**ADMINISTRATORS: APPLICATION FOR TUITION REIMBURSEMENT  
FORM II**

Date: \_\_\_\_\_

Name \_\_\_\_\_

Course Name(s): \_\_\_\_\_

Institution: \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Amount of Reimbursement requested \_\_\_\_\_

Please submit this form with proof of payment and final grade(s)

I hereby certify that I have not and will not receive reimbursement or payment from any source other than the Scotch Plains-Fanwood School District in connection with the above credits for which reimbursement is now sought.

\_\_\_\_\_  
Signature of Applicant

Witness: \_\_\_\_\_ Date

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**FOR PERSONNEL USE ONLY**

Form I Received \_\_\_\_\_

Form II Received \_\_\_\_\_

Amount of Refund \_\_\_\_\_

\_\_\_\_\_  
Authorization Signature